
State: District of Columbia **Filing Company:** St. Paul Mercury Insurance Company
TOI/Sub-TOI: 17.0 Other Liability-Occ/Claims Made/17.0000 Other Liability Sub-TOI Combinations
Product Name: Global Payment of Non-Indemnified Loss for Insured Persons 2015-08-0020-M-OTH
Project Name/Number: Global Payment of Non-Indemnified Loss for Insured Persons 2015-08-0020-M-OTH/2015-08-0020-M-OTH

Filing at a Glance

Company: St. Paul Mercury Insurance Company
Product Name: Global Payment of Non-Indemnified Loss for Insured Persons 2015-08-0020-M-OTH
State: District of Columbia
TOI: 17.0 Other Liability-Occ/Claims Made
Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Filing Type: Form
Date Submitted: 09/01/2015
SERFF Tr Num: TRVE-130217453
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: 2015-08-0020-M-OTH

Effective Date 10/31/2015
Requested (New):
Effective Date 10/31/2015
Requested (Renewal):
Author(s): Socorro Armstrong, Theresa Lavenburg, Timothy Bengston, Sandy J Olson, Linda Sperry, Stacy Mandelker, Julie Stuart

Reviewer(s):
Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

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General Information

Project Name: Global Payment of Non-Indemnified Loss for Insured Persons 2015-08-0020-M-OTH
Project Number: 2015-08-0020-M-OTH
Reference Organization:
Reference Title:
Filing Status Changed: 09/01/2015
State Status Changed:
Created By: Linda Sperry
Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:
Submitted By: Linda Sperry

Filing Description:
Global Payment of Non-Indemnified Loss for Insured Persons
Form Filing
2015-08-0020-M-OTH

ST. PAUL MERCURY INSURANCE COMPANY, 3548-24791, 41-0881659

In compliance with the insurance laws and regulations of your state, we respectfully submit this form filing for your review.

This filing consists of the following new optional form:

Global Payment of Non-Indemnified Loss For Insured Persons Endorsement, IV901 Ed. 07-15 for use with our for use with our SelectOne for Investment Advisers and Funds Hedge Fund or Private Investment Fund Liability, SelectOne for Investment Advisers and Funds Employment Practices Liability, SelectOne for Fiduciary Liability, SelectOne for Investment Advisers and Funds Management Liability for Privately Held Investment Advisers and Private Equity Firms, SelectOne for Investment Advisers and Funds Management Liability for Publicly Held Investment Advisers and Private Equity Firms; SelectOne for Investment Advisers and Funds Mutual Fund Liability and SelectOne for Investment Advisers and Funds Investment Adviser Professional Liability programs.

For more detail regarding the form and this filing, please refer to the Form Filing Memorandum included with this filing submission.

Please feel free to contact me if you have any questions or need any additional information.

Thank you for your consideration of this filing submission.

Company and Contact

Filing Contact Information

Linda Sperry, Regulatory Analyst
One Tower Square
S202B
Hartford, CT 06183

LSperry1@travelers.com
860-277-7096 [Phone]

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Filing Company Information

St. Paul Mercury Insurance
Company
One Tower Square, 2S2B
Hartford, CT 06183
(860) 277-4045 ext. [Phone]

CoCode: 24791
Group Code: 3548
Group Name:
FEIN Number: 41-0881659

State of Domicile: Minnesota
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	St. Paul Mercury Insurance Company
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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		GLOBAL PAYMENT OF NON-INDEMNIFIED LOSS FOR INSURED PERSONS ENDORSEMENT	IV901 Ed. 07-15		END	New		43.000	IV901-0715.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

GLOBAL PAYMENT OF NON-INDEMNIFIED LOSS FOR INSURED PERSONS ENDORSEMENT

It is agreed that:

The following is added to the General Terms, Conditions and Limitations:

Global Payment of Non-Indemnified Loss for Insured Persons

In the event that an Insured Person residing in a country or jurisdiction in which the Insurer is not licensed incurs Loss that is not indemnified by the Company, such Loss will be paid in a country or jurisdiction mutually acceptable to such Insured Person and the Insurer, to the extent that doing so would not violate any applicable laws or regulations.

All other terms remain the same.

Name of Insured

Policy Number

Effective Date

Processing Date

State:	District of Columbia	Filing Company:	St. Paul Mercury Insurance Company
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Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	Form IV901 Ed. 07-15 has a Flesch Score of 43.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Form Filing Memorandum
Comments:	
Attachment(s):	Form Filing Memorandum.pdf
Item Status:	
Status Date:	

Form Filing Memorandum

Travelers may be prohibited from covering certain exposures outside the United States incurred by foreign subsidiaries of our U.S. insureds based on restrictions imposed by foreign laws that address the provision of non-admitted or unlicensed insurance. An additional challenge potentially exists for insured persons of foreign subsidiaries who have incurred non-indemnified loss because the foreign subsidiary cannot or will not indemnify the insured person for such loss.

This filing is focused on our management liability insureds with foreign subsidiaries. Keeping compliance a priority, this optional endorsement was developed for and will be used at the insured's request to clarify our intent to explore alternative options to pay non-indemnified loss incurred by insured persons of foreign subsidiaries outside of the jurisdiction in which loss was incurred, to the extent payment of such loss would not violate any applicable law or regulation.